Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
8/11/2026		715-361-7700

Use of Form: This form is used by certification / licensing staff to identify statute and / or administrative rule violation(s) and to outline imposed plans of correction, if applicable. This form is used by certified operators / licensed centers to meet the requirements of DCF 202.065, DCF 250.04(2)(i) and (3)(d), DCF 251.04(2)(L) and (3)(f)., DCF 252.41(1)(L) and (2)(k). Failure to submit an appropriate correction plan by the due date listed above may result in sanctions identified in the statute and / or administrative rule. Public Schools may submit plans of correction however are not required to do so.

Instructions: The Noncompliance Statement below identifies the violation(s) of child care statute and / or administrative rule identified by the certification / licensing specialist. Complete the section labeled "Correction Plan" by indicating the steps that will be taken to address and correct each of the listed noncompliance(s). Identify expected completion date(s) for each item. Return the original to your certification / licensing specialist for approval and retain a copy. If this is a licensed child care, post your copy of the noncompliance statement and correction plan near the license in accordance with Wis. Stat. 48.657. This request for a correction plan is not an order imposing a sanction or penalty pursuant to Wis. Stat. 48.715. If the department decides to apply a statutory sanction and / or penalty for facts arising from this finding or a future finding, you will be given a notice of the sanction and / or penalty and your appeal rights.

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Little Sprouts Learning Garden		1000589041 / 001 - 2003214	
Address - Facility (Street, City, State, Zip Code)	**Telephone Number**	**Date - Regulation Visit**	
10564 School Ave Auburndale Elementary School Auburndale WI 544129041	715-451-1512	7/23/2026	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)3.a. **Staff Record - Physical Examination** Description: A staff health report was not on file for Staff C, Staff D, or Staff E	The required Staff Health Reports for Staff C, Staff D, and Staff E will be completed using the current DCF-required forms and will be on file at the center. In addition, all employee health records have been reviewed to ensure they are completed on the correct DCF forms and are maintained in each staff member's personnel file. Going forward, all newly hired staff and updated health reports will be reviewed for compliance using the current DCF-required documentation to ensure ongoing compliance with licensing regulations.	8-31-2026	

NAME - Agency Worker
Amanda Foley

Date Issued
7/28/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
8.4.2026